

MULTIPLE DEPT. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
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12							
13							
14							
15			1				
16				1			
17					1		
18						1	
19							1
20							
21							
22							
23			3				
24			3				
25			3				
26			3				
27			3				
28				1			
29				1			
30				1			
31				1			
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42				1			
43				1			
44				1			
45				1			
46				1			
47				1			
48				1			
49				1			
50				1			
TOTAL IND.			1				
TOTAL DEP.			27				
TOTAL CLAIMS			28				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							